

HEALTH DEPARTMENT

9 School St. - Amesbury, MA 01913 Tel. 978.388.8134 / Fax 978.388.7874

www.amesburyma.gov

John W. Morris, Health Director

Donna Lickteig, Adm. Asst.

APPLICATION FOR TANNING ESTABLISHMENT PERMIT

\$100. for 1-5 beds I \$150.00 for 5-10 beds I \$200.00 for 10+ beds: Indicate # of beds and include check for amount due. # of beds Amount Due: \$ Name of Establishment: Tel.: ______ Email: _____ Tel. /Cell: ______ Owner Name: _____ Tel. /Cell: 1. List manufacturer, model number and type of each ultra-violet lamp or tanning equipment located within the facility: 2. Name of the tanning equipment supplier, installer and service agent: 3. Do you have a trained attendant on duty whenever the facility is open for business? _____ yes _____ no 4. Do you provide each customer with protective eyewear that meets the standards for each tanning device? _____ yes _____no 5. Do you prohibit each customer from using a tanning device if that customer does not use the protective eyewear provided? _____ yes ____no 6. Do you limit each customer to the maximum exposure time as recommended by the manufacturer? _____yes _____no 7. Do you control the interior temperature of a tanning facility so that it does not exceed 34°C? yes no 8. Do you obtain a signed consent form from a person ages 14 thru 18 years of age, parent or legal guardian prior to the person using the tanning device? yes no (A person under the age of 14 must be accompanied by a parent when using a tanning device.) In addition, pursuant to M.G.L. Ch. 62C, Sec. 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all State tax returns and PAID all State taxes required under the law: Signature Date Office Use Only - Received

ADM. ASST. HOURS:

Mon. thru Wed.: 8:00 am – 4:00 pm Thursday: 8:00 am – 7:00 pm Friday: 8:00 am – 12 Noon DIRECTOR IN-OFFICE HOURS:

Mon. & Wed.: 8:00 am - 10:30 am

Thursday: 4:00 pm - 7:00 pm

Friday: 8:00 am - 10:30 am

OTHER HOURS BY APPT.



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